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| Yvette L. Chriscaden | (206) 689-1200 | ychriscaden@schwabe.com |

Message:Please see attached After Final Amendment and Response to Office Action - Expedited
Procedure dated 4/11/05.

| | | | |
|---------------------------------------|---------------|--------------------------|----------|
| File Number: | 109909/129556 | | |
| No. of Pages, Including Cover: | 13 | Transmittal Time: | 11:18 AM |
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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032
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| | | | |
|---|--|--|--|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005 | | Complete if Known Application Number <u>09/932,592</u> Filing Date <u>8/17/01</u> First Named Inventor <u>Nelson</u> Examiner Name <u>Nguyen, Lee</u> Art Unit <u>2882</u> Attorney Docket No. <u>109909-129556</u> | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | |
| TOTAL AMOUNT OF PAYMENT (\$) <u>0</u> | | | |

METHOD OF PAYMENT (check all that apply)

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☒ Deposit Account Deposit Account Number 500393 Deposit Account Name: Schwabe Williamson et al.

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)
 Each independent claim over 3 (including Reissues)
 Multiple dependent claims

| | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

Total Claims 64 - 20 or HP = 0 x 0 = _____
 HP = highest number of total claims paid for, if greater than 20.
 Inden. Claims 5 - 3 or HP = 0 x 0 = _____
 HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

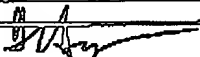
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets 100 - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____
 Extra Sheets _____ Number of each additional 50 or fraction thereof _____ Fee (\$)
 Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

| | | | |
|-------------------|---|-------------------------|------------------------|
| SUBMITTED BY | | Registration No. 35,432 | Telephone 503 222 9981 |
| Signature |  | (Attorney/Agent) | Date 4/11/05 |
| Name (Print/Type) | Al AuYeung | | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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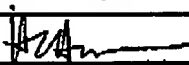
PTO/SB/21 (09-04)

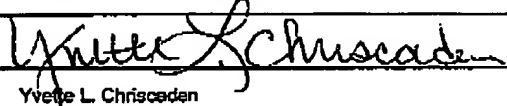
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| | | |
|--|------------------------|---------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 09/932,592 |
| | Filing Date | 8/17/01 |
| | First Named Inventor | Nelson |
| | Art Unit | 2682 |
| | Examiner Name | Nguyen, Lee |
| Total Number of Pages in This Submission | Attorney Docket Number | 109909-129556 |

| ENCLOSURES (Check all that apply) | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks _____ | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|----------|--------|
| Firm Name | Schwabe, Williamson & Wyatt, P.C. | | |
| Signature |  | | |
| Printed name | Al AuYeung | | |
| Date | 4/11/05 | Reg. No. | 35,432 |

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| Signature |  | | |
| Typed or printed name | Yvette L. Christensen | Date | 4/11/05 |

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Attorney's Docket No.: 109909-129556

Patent

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APR 11 2005

In re Application for:

Jonathan O. Nelson

Application No.: 09/932,592

Filed: 08/17/2001

For: EMOTICON INPUT METHOD AND
APPARATUS

Examiner: Nguyen, Lee

Art Group: 2682

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Typed or Printed: Yvette Chrisaden

Signature: Yvette Chrisaden Date: 04/11/2004

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AFTER FINAL AMENDMENT AND RESPONSE TO OFFICE ACTION
EXPEDITED PROCEDURE

Dear Sir:

This communication is responsive to the office action dated Feb 09, 2005.

Reconsideration of the captioned application in view of the remarks to follow is respectfully requested.

Amendment to the claims begins on page 2 of this paper

Remarks begin on page 10 of this paper.